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APPLICANTS

Udo J. Vetter, Ravensburg, GERMANY;
 Joachim Glockner, Weingarten, GERMANY;
 Jochen Alberstetter, Ravensburg, GERMANY;

**** CONTINUING DATA *******

This application is a 371 of PCT/EP03/12924 11/19/2003

**** FOREIGN APPLICATIONS *******

GERMANY 102 54 321.6 11/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Prefilled syringe

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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